



Docket No.: M4065.0383/P383  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Kie Y. Ahn, et al.

Application No.: 09/835,643

Art Unit: 2826

Filed: April 17, 2001

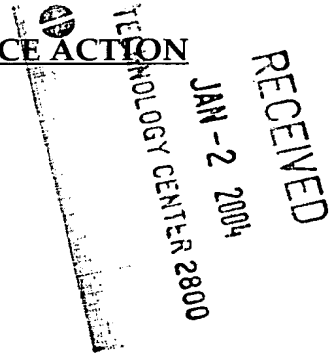
Examiner: L. Andujar

For: LOW-LOSS COPLANAR WAVEGUIDES  
AND METHOD OF FABRICATION

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

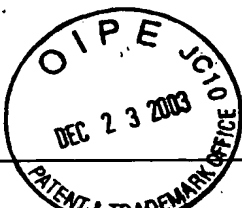


**INTRODUCTORY COMMENTS**

In response to the Office Action dated September 30, 2003 (Paper No. 13),  
please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins  
on page 2 of this paper.

**Remarks** begin on page 16 of this paper.



2826

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. M4065.0383/P383	
Application No. 09/835,643-Conf. #4830	Filing Date April 17, 2001	Examiner L. Andujar	Art Unit 2826	
Applicant(s): Kie Y. Ahn, et al.				
Invention: LOW-LOSS COPLANAR WAVEGUIDES AND METHOD OF FABRICATION				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
<b>Total Claims</b>	62	- 91 =		x 0.00
<b>Independent Claims</b>	6	- 7 =		x 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
<div style="text-align: center;"> _____ Thomas J. D'Amico Attorney Reg. No.: 28,371  DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2232</div>			Dated: <u>December 23, 2003</u> <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"><b>RECEIVED</b> JAN - 2 2004 TECHNOLOGY CENTER 2800</div>	